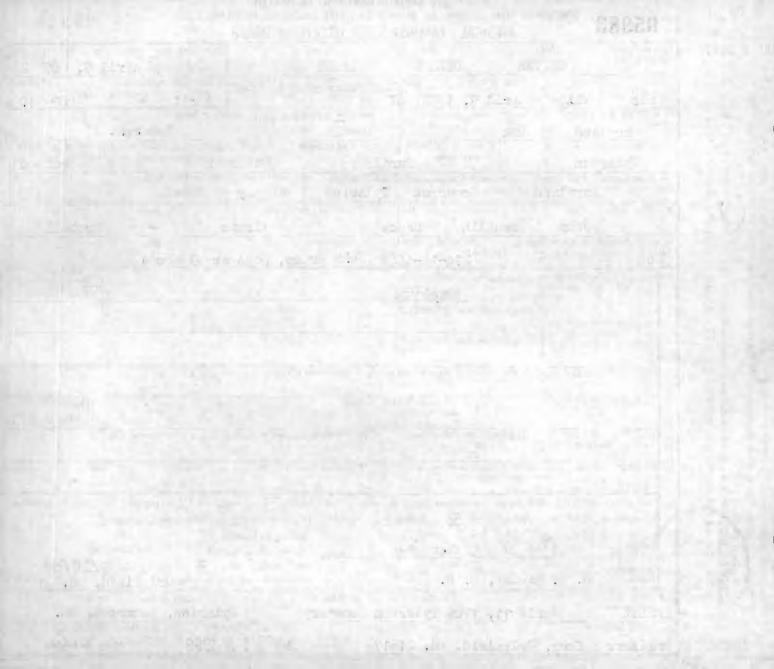
		05982	DIVISION		DS, 301 W. I	PRESTON STREET, BA	ALTIMORE,	MARYLAND 212	10	059	77
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		CEASED-NAME First ype ar print) Dol	lie	Middle	Barkle	Last	20. DAT	e OF DEATH	18°	6°9	2b. HOUR
	. SE	Female		legro		DEC.6, 18	789	6. AGE (In year last hithday)	YRS.	INDER I YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN
C	้อกม	Illa.	7b. CITIZEN O	S, S,	8. MARRIED WIDOWED		9. COUNTY	MEYSE!	1		Md.
7		TY OR TOWN OF DEATH Crisfield		1. NAME OF HOSPITAL O	ady Me	mo. during	DELI	king life, even if retir	red.) I	2b. KIND OF B NDUSTRY	USINESS OR
) (13	3a. dmis	USUAL RESIDENCE (Where deceasion) STATE	led lived, if ins	titution; Residence bef	ore 13c. CTV 0		NO P	LAWSON			
Į.	4. F	ATHER'S NAME First	Midd	BARKI	=4	S. MOTHER'S MAIDEN NAM	First	Nob	le /=		Lost
1			MED FORCES?) 16b. SOCIAL SECUR	NO. 17.	SENWOO	1 KA	ark/Ey	958		
		IB. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDI.	ATE CAUSE (a) .	CUMBELYE	1 140-2	roschage	-	1		BETWEEN ON	ATE INTERVAL SET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause	(b)_	OR AS A CONSEQUENCE OR AS A CONSEQUENCE	Cere	had as	tero	clores	1	>	
		PART 2. OTHER SIGNIFICANT CO	(c)	RIBUTING TO DEATH BU	IT NOT RELATED 1	O THE TERMINAL DISEASE	ORCONDITION	GIVEN IN PART 1(a)			
TOUR DESIGNATION OF THE PERSON				WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY? YES NO	CA	b. IF YES, WERE FINDI SUSES OF DEATH?	NGS CONSI	DERED IN CER	RTIFYING
101011	₹I	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA! OR CONTRIBUTING CAUSE OF DEA! (If either, notify medical exomi	H HOUR A	E OF INJURY .M. Month Day Y .M.		OW INJURY OCCURRED (E	nter nature of	injury in Part 1 or Pa	ort 2, Item	1B.)	
100		21d. INJURY OCCURRED While Not while at wark	PLACE OF INJU	RY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	T, FACTORY.) 21f. L	OCATION Street or R.F.D.	No.	City or Town	Co	ounty	Stote
ł		22a. I certify that (I) (th saw the deceased a causes stated above	is haspital) live and (2) , (I) (we) (3	attended the dece (did nat) view t	eased fram_ 19, ar he bady after	d that in (my) (aur) death.	9 <u>69</u> , ta apinian dea	th accurred an th			(I) (we) last nd fram the
I		22b. SIGNATURE S. V	$v \cdot \rho$	ayten	DEG	111134	MED. DIRECTOR	STAFF PHYS.	22c. DATE	SIGNED 17/6	9
		22d. PHYSICIAN'S S. NAME (Type)	M. Pe	rton, M.I),	22e. ADDRESS Cr.	isfie:	ld, Md.			
L		BURIAL, CREMATION, 23b. REMOVAL (Specify)	1/19/	69 23c. NAME	OF CEMETERY OF	CREMATORY /	23d. LO	TION (City or Town)	An	ounty)	(State) / Mcl.
1 2	4.	Julbour !	5-11	Jan Ca	istale)	Man 250 REF	R BY REGISTRA	969 25b / FOIS	SAR'S O'C	ATURE	L.

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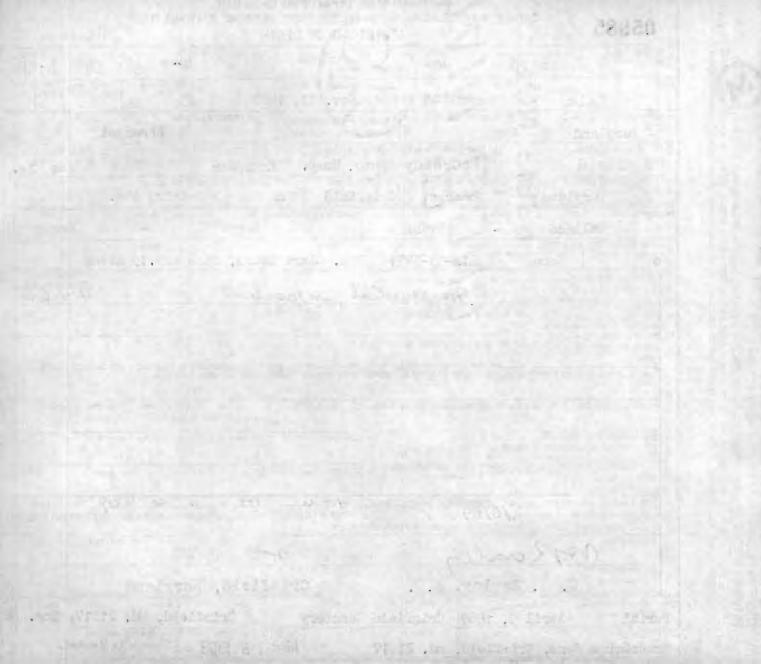
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05978 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. 1. DECEASED-NAME First Middle 2b. HOUR 2a. DATE KNOWN Month Doy Year (Type or Print) OF ESTIiny delay is 2, and 3 to Page OLTVER. GIBSON BRUCE DEATH MATED & April 9. 1969 2 M ment of 6. AGE (In years IF LINDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR P.M.3 67 Y White April 9, 1902 Male e Departi 10 M 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or fareign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, Office olong with form Maryland USA WIDOWED [DIVORCED T Somerset 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY Tylerton Rural Seafood 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. (OUNTY Somerset in pencil in Item 18. Tylerton Rura1 YES NO FE 24 hours Chan ofter Middle 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle Franklin John Bruce Marshall. Tinnie the Chief Medical Exominer's poges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT This certificate should be executed within **ADDRESS** (Yes, no, ar unknown) (If yes give wer or dotes of service) 214-16-4448 John Bruce. Same as 13 abcde None File APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Emphysema Unknown DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gave rise ta immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause c should be forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) or removol. CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES 🗍 NO [pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING MEDICAL cremation, ICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X. Inquiry ... and in my opinion death resulted fram: Natural causes [7] Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL FXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 4/10/69 5 may TO FUNE Health C. G. Rawley, M. D. ADDRESS(Street, city, town, or county) Crisfield. Md. 21817 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230. BURIAL, CREMATION, 1969 Tylerton Cemetery Tylerton, Somerset, Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Milesulas Judge. VR A15ME (5) 10M REV. 1/68 Bradshaw & Sons, Crisfield, Md. 21817



OCO DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05979
(Type of Print)	Nonth Doy Year 2b. HOUR
Anna Frances Dasniell Death mated 20	1 28 169 lam
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DE MONTHS DAYS HOURS MIN MACENTAL DE MAN MACENTAL DE MONTHS DAYS HOURS MIN MACENTAL DE M	11001
1103	Y 28 Yeor 19 69 M
	Md
give street oddress) DET during most of working litereven it cets	done 12b. KIND OF BUSINESS OR red.) INDUSTRY
130 ILSITAL RESIDENCE (Where deceased lived if institution, Pecidence before 12r CITY OR TOWN 13d MSIOS CITY UNITS? 13a STREET AND MILABRED	
odmission) STATE Md. 13b. COUNTY Somerset Princess Angel NO RFD.	
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
Rudolph Powell Stella	Taylor
160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
(res, no, or unknown) (It yes give war or dottes of service) Mrs. Henry Bailey; Princes	ss Anne, Md.
1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
IMMEDIATE CAUSE (o) Diametic coma	2-3 hours
DUE TO, OR AS A CONSEQUENCE OF	
rise to immediate couse (a) (b) LEDELES	years
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	(over 10)
(6)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
190. DATE OF OPERATION 1195. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
WAS PERFORMED?	YES NO.
21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Po	
PRIMARY OR CONTRIBUTING HOUR A.M.	,
	County Stote
WHILE AT WORK AT WORK	
22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inqui	ry , and in my apinian
death resulted fram: Natural causes 🔀 Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined ma	nner 🗌
CHIEF MEDICAL EXAMINER	
SIGNATURE M.D. ASSISIANT MEDICAL EXAMINER L.	DATE SIGNED
EXAMINER'S C Present the Cuttern MID	-30-69
230 RUDIAL (PEMATION 23h DATE 220 NAME OF CEMETERY OF CREATORY 224 LOCATION (City of Town)	(County) (Stote)
burial 4/30/69 Oriole Oriole Oriole	
24) FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
James Wenness Princess Anne, Md MAY 5 1969 John	enter Judge:
	DECASO NAME First Middle Lost Open Print Anna Frances Dashiell Dashiell Open Print Anna Frances Dashiell Open Print Open Print Anna Frances Dashiell Open Print Open Print

MAKTLAND STATE DEPARTMENT OF HEALTH

- 1		05985	DIVISION OF VITA	AL RECORDS, 3	STATE DEPARTMI 301 W. PRESTON STR ERTIFICATE OF I	EET, BALTIMOR		201	0598	30
		ECEASED-NAME First (ype or print) Ed	ward	Middle Ross	Evans	20.	DATE OF DEATH	6 Doy	6 9°	2b. HOUR.P
	3. 51	Male	4. RACE	hite	S. DATE OF BIR		6. AGE (In ye		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
		BIRTHPLACE (State or foreign niry) Maryland	76. CITIZEN OF WHAT CO	DUNTRY?	8. MARRIED NEVER MARR	RIED 9. COU	INTY OF DEATH	omers	et	Md.
7	(TTY OR TOWN OF DEATH	give street	Tready	Memo. Hosp.	12o. USUAL OCCU	UPATION (Kind of work working life, even if re	k done etired.)	12b, KIND OF I	-
9	13o. odm	USUAL RESIDENCE (Where deceorission) STATE Maryland	sed lived, if institution: Rd 13b. COUNTY Som	esidence before		YES NO NO	13e. STREET AND NUM 205 Laird	IBER		
	14.	ATHER'S NAME First Wallace	Middle →	Evans	15. MOTHER'S MAI	IDEN NAME First Mery		iddle —	Le	lost ewis
	160. N	WAS DECEASED EVER IN U.S. ARE es, no, or unknown)	corner detected ensured	social security no 4–03–577		ra Evans,	Same as .	dress		MATE INTERVAL
	NC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO.	D BY: ATE CAUSE (a) DUE TO, OR AS A C (b) DUE TO, OR AS A C	ONSEQUENCE OF	RELATED TO THE TERMINAL				4-5	MSET AND DEATH Was .
X	CERTIFICATION		CONDITION FOR WHICH OF	PERATION WAS PERF	YES 🗆	NO 🔲	20b. IF YES, WERE FIN CAUSES OF DEATH?			RTIFYING
	=	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA' (If either, notify medicol exami	th HOUR A.M. Mo	nth Day Year	21c. HOW INJURY OCCU			Port 2, Ite		
	W	21d. INJURY OCCURRED While Not while at work 22a. I certify that (I) (the saw the deceased a causes stated above 22b. SIGNATURE	is haspital) attended	the deceased	ady after death.	, 19 <u>(09</u> , 1) (aur) apinian c			County 29, that e and haur c	(I) (we) last and fram the
1		BURIAL, CREMATION, 23b.	G. Rawley DATE ril 9, 1969	23c. NAME OF CE	DEGREE PHYS. 22e. ADDR	risfiel 23d.	d, Maryla LOCATION (City or Tow Crisfield,	/n)	(County) 21817.	(Stote) Som. Md
90	24.	FUNERAL DIRECTOR radshaw & Sons		ADDRESS		250. REC'D BY REGIS	STRAR 25b. REGI	ISTRAR'S SI		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05981 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) EST)-3 to Poge GARL AND FINNEY. 1691:30 EDWARD JR. DEATH MATED Apr. 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOLINCED DEAD P.M.3. P 2d. HOUR Male White 4-24-1916 10 691 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH form I ond 2 with the State De " Virginia U.S.A. WIDOWED [DIVORCED [SOMERSET 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) Lawsonia Road during most of working life, even if retired.) Medical Crisfield 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 176. COUNTY Cester Pocomoke R.F.D. 2 YES NO TO word "pending" in pencil in bleam the Chief Medical Exominer's Office ofter 24 hour 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Garland Edward Finney India pages Parsels hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) 231-14-0096 Mrs Marah S. Finney, Pocomoke, es File within certificate should be executed IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial infarction minutes event DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate (ause (o), ony writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= 4 should be forward≡d to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D removal used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icote, This YES | NO T 10 21 g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry F and in my apinian death resulted from: Natural causes X Accident Suicide Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL 22b. DATE SIGNED the funitrol ASSISTANT MEDICAL FXAMINER SIGNATURE 4/10/69 DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Rawlev Crisfield. Md 23c. NAME OF CEMETERY OR OUNTRY 23a. BURIAL CREMATION, 23d. LOCATION (City or Town) (County) (Stote) 4-11-1969 First Baptist Pocomoke City-Wor.-Md. 74. PUNERAL DIRECTOR ADDRESS 2Sg. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) DAPR San Pocomoke City, Md. 1969 Mcliantes Vac 10M REV. 1/68

SSSS WHICH SHAWES BEING SANDER AND DESCRIPTION OF THE PARTY OF AND THE RESERVE OF THE PARTY OF

_	1	V		AD STATE DEPARTMENT OF HEV		
1		05987 DIVISI		, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	RE, MARYLAND 21201	05982
4 64		ECEASED NAME First	Middle		DATE OF DEATH	25 HOUR
death neral ond 2 death.		Type or print) George	E	Fitchett	Manth Poy	Y69 8;25
s after deat the funeral tiles 1. ond ts after deat	3. S	Male	Negrapo	S. DATE OF BIRTH Oct. 18, 190		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
H hours	70 cau	BIRTHPLACE (State or foreign 7b CITIZI	EN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9 CO	DUNTY OF DEATH	Md.
vithin 24 filled oan pape	10.	Cristield		ISTITUTION (If not in hospital 12a USDAL OC Cready during must of	CUPAT ON (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
ate be executed within 24 turn and sampletely filled eage remove carban paper and in any event, within 72	13a 8d+	USUAL RESIDENCE (Where degeosed lived, ission) STATE May 13b C	if institution, Residence before OUNTY Somerse?	13c CITY OR TOWN 13d INSIDE CITY LIM 157 Shellown YES NO P	13e STREET AND NUMBER	HARM 44
tion and in any and in any	14.	FATHER'S NAME STAMPHE	Middle the trast	15 MOTHERS MAIDEN NAME First	Middle Middle	Last
physical be exented by the physical and in any coval, and in any		WAS DECEASED EVER IN U.S. ARMED FORCE (es, na, or unknown) (If yes give war or dates of	\$? 16b. SOCIAL SECURITY 220-09-3	1 / / / / /	Address Address	
equires that the death cert physician. signed by the attending p burial-transit permit. The burial, crematian, ar remo		Conditions, if any, which gave rise to immediate cause (0), stating the underlying couse last.	(a) Consequence of (b) A Consequence of (c) France of (c)	michetair.	of Hubble mill	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The law requiratending phy has been sign see as the burnith prior to burni	CERTIFICAT.ON	190 DATE OF OPERATION 196 CONDITION	Trefulation () FOR WHICH OPERATION WAS PE	YES NO 🗹	20b. IF YES, WERE F.NDINGS CO. CAUSES OF DEATH?	
HYSICIAN: haspital at certificate iched far u	MEDICAL (F	OR CONTRIBUTING CAUSE OF DEATH HOLD (If either, notify medical examiner)	TIME OF INJURY UR A.M Month Doy Yeor P.M.) INJURY (AT HOME FARM, STREET FA	9	re of injury in Part 1 or Part 2, the City or Tawn	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pagers is the state Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death		otwark at work 22a. I certify that (I) (this hospit saw the deceased above, (I) (we causes stated above, (I) (we cause stated above, (I) (we cause stated above, II) (we cause stated above, II)	all an ended the deceas	ed from 1/2 (1969) ed from 1/2 (1969) go ond thot in (my) (our) opinian body after death ATTENDING MED DIRECTO 22e ADDRESS	death occurred an the date	that (I) (we) last e and hour and fram the
TO HOSP Page 4 To FUNE director , shauld	2 3 q	BURIAL, CREMATION, 23b. DATE/ REMOVAL (Specify) 4/10	169 Eh	ENEZER	Ld. Md. 2181 LOCAT ON (City or Town) Marumsco	(County) (State) Med.
VR A15	24	Fullony E. U.	on Cristics	DANCE DANCE BY REC D		GNATURE



	MAKYLAND STATE DEPARTMENT OF HEALTH	
A 30 30	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	5983
FOR STATE	05988 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0000
HEALTH DEPT.	I DECEASED-NAME (Type or Print) 20 DATE KNOWN Month Doy (Type or Print)	Year 2b HOUR
is de to	(Type or Print) Clarence Asbury Hayman OF EST. 4-1	169 P
loy is 13 to Page ent of	3 SEX 4 RACE S DATE OF/BIRTH 6 AGE (In year) IF UNDER 1 YEAR 2 UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d. HOUR
ny deloy 2, ond 3 PM3. Po partment	No. 1/26/1888 Bull bull bull bull bull bull bull bull	Year 19 69 10R
PM3. P	70 BIRTHPLACE (Stote or foreign 76 CITIZEN DE WHAT COUNTRY?) B MARRIED PREVER MARRIED 7 COUNTY OF DEATH	
- E & A	Country Princess/mm= U.S.A. WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	M
年 8 年 夏 /		KIND OF BUSINESS OR
fifter death any delay is . Give Pages 1, 2, and 3 to along with form PM3. Page with the Starte Department of sorth.	10 CHY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito dwarf not in hospito dwarf not in hospito dwarf not of working life ven if felices). INDUSTRICT I	STRY
	130 LISJA, RESIDENCE (Where deceased lived if institution, Residence before) 331 LISJA, RESIDENCE (Where deceased lived if institution, Residence before) 132 LISJA, RESIDENCE (Where deceased lived if institution) Residence before) 132 LISJA, RESIDENCE (Where deceased lived if institution) Residence before) 133 LISJA, RESIDENCE (Where deceased lived if institution) Residence before) 134 LISJA, RESIDENCE (Where deceased lived if institution) Residence before) 135 LISJA, RESIDENCE (Where deceased lived if institution) Residence before) 136 LISJA, RESIDENCE (Where deceased lived if institution) Residence before) 137 LISJA, RESIDENCE (Where deceased lived if institution) Residence before) 138 LISJA, RESIDENCE (Where deceased lived if institution) Residence before) 138 LISJA, RESIDENCE (Where deceased lived if institution) Residence before) 138 LISJA, RESIDENCE (Where deceased lived live	
	odmission) STATE ML, 13b COUNTY SOM. PHYPERS A YES NO	
office of office of the der	14. FATHER'S NAME First Middle Lost IS MOTHERS, MAIDEN NAME First Middle	Lost
24 beurs in Item 1 r's Office as Iond 2 rs ofter c	George C. Hayman Martha Washington Smi	ith.
hin 24 ncl in niner's poges hours	160 WAS DECEASED EVER IN U. CARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS	We. Apt
s certificate should be executed within 24 e, writing the word "pending" in pencil in forwarded to the Chief Medica Examiner's used as a burial-transit permit. File pages emoval, and in any event within 72 hours	(Yes, no, as unknown) (If yes give war or dates of service) 215-20-1004 Flord D. Hay man - 12 July	N.1. 81
E E	.8 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t))	APPROF MATE INTERVAL BETWEEN DISET AND DEATH
be executed "pending" in nief Medico E onsit permit. F event within	PART I DEATH WAS CAUSED BY	minut's
exe mdi Me Me r pe	14X DUE TO, OR AS A CONSEQUENCE OF	
be perinef	Conditions, if only, which gove	
ould vord re Ch al-tra	rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
This certificate should be e cate, writing the word "per be forwarded to the Chief I be used as a burial-transit ir removal, and in any ever	lost.	
ote go the ed to ed to and and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fico hing ride as al, a		
certii , writ orwol used movo	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certific rate, writing be forward and be used as or removal.	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18	YES NO
Thi ficati l be or y)
INER: 1 e certific should b files. 3 should	PRIMARY TOR CONTRIBUTING HOUR A.M. P.M. 4-1-6919 Exposed to Carbon Monoxide	gas
	室 21d MJJRY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R FD No City or Town Coi	unty Stote
EXAMINER: unte the cert ogg II shoul r your files. Page 3 shou	WHILE AT WORK AT WORK HOME HOME SOMETS	et Md.
Poc Poc Jiel.	22a certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry	and in my apinian
DEPUTY PICAL EXAM reessary, please execute the e-furniol director. Page II may be retained for your FUNERAL DIRECTOR: Page	death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner	, ,
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plid de la	SIGNATURE ACTUAL MD ASS STANT MEDICAL EXAMINER 226 DATE SIGNE	D
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7	Burial 4/2/69 Friendship V.M. Allen, 1/H.	oom.
62	24 ELIMERAL DIRECTOR 250 RECID BY REGISTRAR 256 REGISTRAR S SIGNA	IJRE .
VR A15ME [5] 10M REV, 1/68	Sharles H. Mark- Marion Sta, Ma APR 1 1 1969 Charles	9



	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE	05989 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0598	ž.
FOR STATE	MEDICAL EXAMINER S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME First Middle, Lost 2a DATE KNOWN Month Day "Yeor (Type or Print)	26 HOUR
y is to age	Della PV. //dy Math Mated 4-1-699	P M
S. P.	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (in years is UNDER YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD MONTHS OAYS HOURS MIN. Month Day Year 16	· 2d HOUR
any delay is 1, 2, and 3 to rm PM3. Page		9 10RM
= E	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 4 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
N 0 0	MILEN, MA U. O. / I. MIDOWED DIVOKED DOWNERS C	Md.
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sh the to I to I build in d in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate should be executed within 24 hours ofter death the certificate, writing the word "pending" in pencil in 15em 18. Give Page should be forworded to the Chief Medical Examiner's Office plong with files 3 should be used as a burial-transit permit. File pages 1 and 2 with the Standian, or removal, and in any event within 72 hours ofter death.		
rtiffi vorc vorc vol.	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTO	PSY?
forv forv	WAS PERFORMED? YES	-
Thi coft be be	210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Finter nature of numy in Port 1 or Port 2 Item 18)	
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o DEPUTY CALL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type). Everett SutterMD ADDRESS(Street, city, town, or county)	
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2.1	24 FUNERAL DIRECTOR 1 250 REGISTRAR 256 REGISTRAR SIGNATURE	
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		05990	DIVISION OF V	ITAL RECORDS, 3	01 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201		
		00000		CI	RTIFICATE OF DEA	TH	0598	5
£ _ 7£		ECEASED-NAME First		M ddle	lost	20 DATE OF DEATH		2b. HOUR
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and and rem	14.	FATHER'S NAME FIRST	Middle	Lost	5. MOTHER S MAIDEN N	AME First Middle		losi
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e death certificate b attending physican permit Then please an, ar removal, and i		WAS DECEASED EVER IN U.S. ARMI (es, ng, or unknown) (*yes gwa wo	D FORCES? 16	b SOCIAL SECURITY NO		1,1 COLINERS	5/0 AV	1E-
tific hys		es, lid, or unkitowity	GI GO'S DI SELEKE)	LNKNOWN	MRS, EMMA	HURLEY -CRISE	15/0 -	Min
The P		18 CAUSE OF DEATH (Enter one)	one cause per line	for (a), (b), and (c).)	010 1.	2 - /	APPROX MA	ATE INTERVAL SET AND DEATH
ath ndir ir re		PART 1 DEATH WAS CAUSED	BY- E CAUSE (o)	diance	d Branche	clous	DETIRETAL DAS	SE AND DEATH
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y fl		rise to immediate couse (a),	(b)	A CONSEQUENCE OF	4			
equires that physician, signed by burial-tran		storing the underlying couse lost	(c) M	alnutres	in: Euchocea	Sweetialline		
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OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and cample go 3 shauld be detached far use as the burial-transit permit. Then please remove called with the State Dept. of Health priar ta burial, cremation, ar removal, and in any even?	2	of Frot	chle,	4 drend	Failure	ortonor of open in this i(o)		
The faw ratending aftending has been se as the th priar ta	CERTIFICATION	19o. DATE OF OPERATION 19b. C	ONDITION FOR WHICH	OPERATION WAS PERF	ORMED 200 AJTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CER	TIFYING
The after has seed the	IEI				YES 🔲 N	CAUSES OF DEATH?		
or or u		210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURRED	(Enter nature of njury in Part 1 or Port 2,	Item 18)	
CC Tiffe of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M P.M.	Month Doy Year				
PHYSICIAN: 1 he haspital or this certificate setached far us e Dept. of Healt	ME	21d INJURY OCCURRED 21e F	LACE OF INJURY (AT	HOME, FARM, STREET, FACTO	RY_) 21f LOCATION Street or R.F.	D. No. City or Town	County	Stote
this De		While Not while of work	₹ UF	rice Boltoms, Elic	/	1 - 1 - 1 -		
ING Day there of the contract		22a, I certify that (1) othis	haspital) attend	ed the deceased	fram 4-19.	1967, to 4-27, 19	69 , that()	())(we) fast
ON PERSON		22a, I certify that (1) this saw the deceased all causes stated abave	ye an 4/ 27	19	, and that in (my) (our	r) opinion death occurred an the de	ate and hour a	nd from the
Tin Band		22b Signature	(1) Jwe) (did) (di	d nat) view the bo	dy after death.			
OR A be refered or a second or				Win and	7-DEGREE PHYS	MED CONSTANT	DATE SIGNED	-60
	L	12d PHYSICIAN'S	- Ju	ung!	Log. appper	DIRECTOR PHYS	7-30	6/
RAIL RAIL Per 1		MAME (Type)	James A.	Sterlin		isfield, Marylan	nd	
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be of the share the State	230	BURIAL, CREMATION, 23b D	ATE 2	23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION (City or Town)	((ounty)	(State)
Pag Aire	1	BURIAL, CREMATION, 23b D REMOVAL (Spec by)	169 .	MR.SC.	LD (EMETER		Sam	MX
F F AT	242	FUNERAL DIRECTOR	10/10	ADDRESS .			S SIGNATURE	11/10
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		05991		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	05986
≢ −2±		ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
er death fu≡eral i i and 2 ter death.	ĺ	Type or print) Coul	Lbourn	Robins	L Month 2 Pay	69° 11;30
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d in by	7a. cau	BIRTHPLACE (State or foreign ntry)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED PREVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH SOME (55)	Md.
within 24 sly filled is son paper within 72	10.	Crisileld	11 NAME OF HOSPITAL OR INS give street pddress) MCCTO & C	TITUTION (If nat in haspital 12a US) d V	JAL OCCUPATION (Kind of work done most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
e executed with ond completely remove corbon any event, with	13a adm	USUAL RESIDENCE (Where deceas		13c CITY OR TOWN , 13d. INSIDE CITY	JA DOVETONIA 13e STREET AND NUMBER	
and your conditions and a second seco	14	FATHER'S NAME FIRST WILL.	Middle Rabi	IS MOTHER'S MAIDEN NAME	First Middle	Lost
	160	WAS DECEASED EVER IN U.S. ARA (es, na. or unknown) († yes give w		NO. 17. INFORMANT	E hobins (wi	FES
nt the deoth c the attending isit permit. The motion, or rem		Canditians, if any, which gave y rise ta immediate cause (a), (stating the underlying cause)	y one couse per line far (a), (b) and (c) BY JE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	idial Amforman	eto-	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detoched for use as the burial-transit, should be filed with the State Dept. of Health prior to burial, cremo	NO		(c)	OT RELATED TO THE TERMINAL D SEASE OR	CONDITION GIVEN IN PART I(a)	
The lay of the lay has be see os the prior	CERTIFICATION	19d DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY? YES NO	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
PHYSICIAN: The law rate hospital or ottending this certificate has been elatoched for use as the Bept, of Health prior to	MEDICAL CE	21a ACCIDENT WAS UNDERLYIN ☐ OR CONTR BUTING ☐ CAUSE OF DEAT (If either, natify medical examin	H HOUR A.M Month Day Year er) P.M. 19		er nature of injury in Part 1 or Part 2, Ir	em 18.)
G PHYS the hos this ce detoche	**	While Nat while at wark	PLACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING ETC		a City or Town	Caunty State
O HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hospiti O FUNERAL DIRECTOR: After this certif director, page 3 should be detoched ishould be filed with the State Dept. of		22a. I certify that (I) (the saw the deceased of causes stated abave	s haspital) attended the decease ive an 4/24/69 1 (1) (we) (did) (did nat) view the l	ed fram, 19	, ta, 19_ inian death accurred an the dat	, that (I) (we) last e and haur and fram the
TO HOSPITAL OR ATTEN Page 4 may be retained. TO FUNERAL DIRECTOR: director, page 3 should be filed with the		22b. SIGNATURE	Ken Ima	DEGREE PHYS.	MED STAFF 22c D. DIRECTOR PHYS.	ALE SIGNED /
SPITA 4 moy NERAL tor, po		22d. PHYSICIAN'S H.	C. Kaufman, M.		Crisfield, Md.	
TO HO Page To Full direct direct Should be sho		BURIAL CREMATION, 23b (REMOVAL (Specify)	130/69 SA	EMULE WESLEY	23d. LOCATION (City or Town) MANOKIA	(Caunty) (State)
VR A13 (4)	24	FUNEDAT DIRECTOR	Ward Crispe	COMO, DAIMAY	by REGISTRAP 355 REGISTRAP 35	Judge

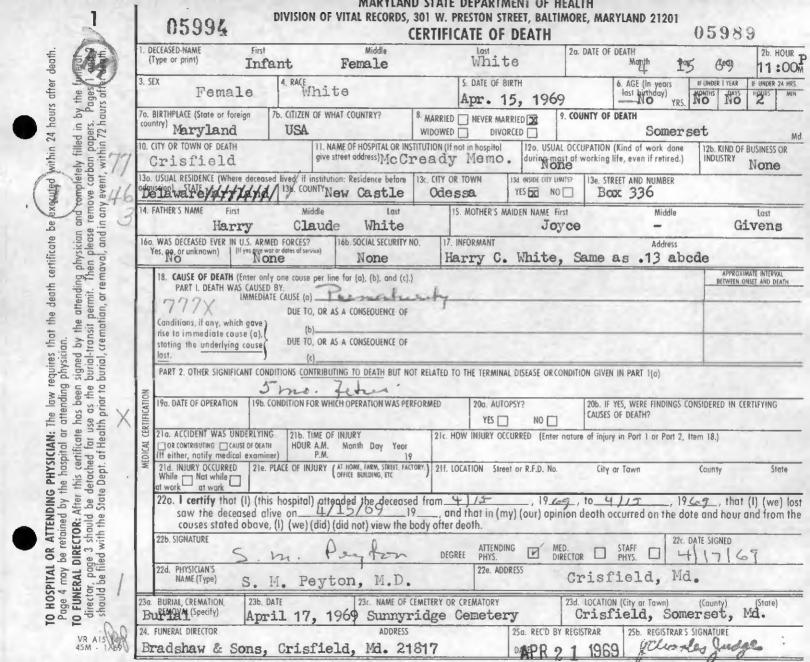


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	05992	DIVISION OF VITAL RECORD	CERTIFICATE OF DE	, BALTIMORE, MARYLAND 21201 ATH	05987
nding physicion. Description. Description. Description. Description. Description. Solution. Solution.	1 DECEASED NAME (Type or print)	First Middle	lost	20. DATE OF DEATH Month D	Poy Year 2b. HOURA
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n any event, within 72	odmission) STATE Maryl		re 13c CITY OR TOWN 136. M	ISIDE CITY LIMITS? NO X 13e STREET AND NUMBER RFD #1	
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теттолог	18 CAUSE OF DEATH (En PART I DEATH WAS O	ter only one couse per line for (a), (b), and		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
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ro buri		IT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART I(o)	
X	190. DATE OF OPERATION 210. ACCIDENT WAS UNDE	196 CONDITION FOR WHICH OPERATION WAS	PERFORMED 20o. AUTOPSY? YES	NO CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	210. ACCIDENT WAS UNDER CONTRIBUTING CAUSE (If either, notify medical e	DE DEATH HOUR A.M. Month Doy Ye	21c. HOW INJURY OCCURRED	D (Enter nature of injury in Port 1 or Port 2	, item 18)
	21d INJURY OCCURRED While Not while at work of work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY) 21f LOCATION Street or R	RFD No. City or Town	County State
should be filed with the state Dept. of dealin prior to	22a I certify that (I saw the decease causes stated a) (this haspital), attended the dece ed alive an 4724769 bave, (1) (we) (did nat) view th	ased fram	, 19.67 ; ta अस्ट २५, I ज) apinion death accurred on the c	9 69 , that (I) (we) last late and haur and fram the
	22b. SIGNATURE	12 Ranker	DEGREE PHYS	MED STAFF DIRECTOR PHYS D	. DATE SIGNED
d De l	22d. PHYSICIAN S NAME (Type)	. G. Rawley, M.	2Ze. ADDRESS	Crisfield, Mary	land
	OFFICIAL CO. 7.5		OF CEMETERY OR CREMATORY Paul's Cemetery	23d LOCATION (City or Town) Marion, Somer:	(County) (Stote)
alan	24 FUNERAL DIRECTOR	ADDR	SS 2So	REC'D BY REGISTRAR 1969 REGISTRAR	I SIGNIURII
1760	Bradshaw & So	ns. Crisfield. Md.	CIOI/ DAT	MIN DOULD	() (



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
-	Н	05993 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05988
	L	CERTIFICATE OF DEATH	0000
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offer fu	3. S	4. RACE 4. RACE 5. DATE OF BIRTH lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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within 2 ely fille ban pay		CrisField give street address) Home during most of working differential.)	INDUSTRY
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 ed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hears after death	odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CID-LIMITS? 13e, STREET AND NUMBER 13th COUNTY 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CID-LIMITS?	Lst
mov mov	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
De du		Thomas Brown Caroline Minddox	6431
a Second	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN 1 Address	- 11 -11
phys oval,		(es, no grunknown) (if yes give war or dates of service) 712-16-1097-A Blanchia Cottman-Cris	FIELD MO.
he death certifi attending phy permit. Then ion, or removal		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I: DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the at		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Alakel Mar Ace	>
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aquires tho physician. signed by buriol-trar buriol, cres	13	lost. (c) Orsternos Deroses	7
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tend tend ss be os prior	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
e ho of the solith	ERTIF	765 NO 1	
ficat for for Hec		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor	item IB.)
ospii ospii certii hed rt. of	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
he he this letach		21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	coomy age
by the feet be ditote		22a. I certify that (1) (this haspital) attended the deceased from 19 1968, to Gard 19 1968	69_, that (1) (we) last
END ned Nr. A		saw the deceased alive an April 18 147, and that in (my) (aur) apinian death occurred an the da causes stated abave, (I) (we) (old) (did not) view the bady after death.	te and have and fram the
P AT S S S S S S S S S S S S S S S S S S		22b. SIGNATURE 22c. 1	DATE SIGNED
OR OR COR		Sarah Mr. Farton M. D DEGREE PHYS. DIRECTOR DIPHYS. D 4	122/69
Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the buriol-transit permit. Then a should be filled with the State Dept. of Health prior to buriol, cremation, or removal,		22d. PHYSICIAN'S NAME (Type) Sarah M. Peyton 22e. ADDRESS 22e. ADDRESS 22v. Main - Crist	010 111
HOSF ge 4 UNE ector	230.	BURIAL, CREMATION. 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(Caunty) (Stote)
50000000000000000000000000000000000000		REMOVED (Specify) 4/22/69 Asbury Cristield	md.
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